8	1	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	FIENE 8 4	1 9	3 1 0
y be ge 3 eath		ECEASED NAME FIRST PE OR PRINT) Amelia	MIDDLE	nderson	July 26,	MONTH DAY YEAR 1984	26. HOUR 8:10. P
age 4 may	3.5	Female	171.14.	Aug. 11 1891	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YE MONTHS OA YRS.	
)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	TICIA	MARRIED NEVER MARRIED DOWNED DOWNCED	PALTIMORE CITY O	OR COUNTY OF DEATH	MD.
ours after	0	Calvert	11. NAME OF HOSPITAL, NURSING HI (F NOT IN SUCH FACILITY GIVE STREET ADDRE Calvert Manor	Nursing Home	178 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING LIFE) INDUST	D OF BUSINESS OR
AND 217			r other institution, give residence before adm NIY Castle Newark		130 STREET ADDRESS 706 Har	rvard Lane	99999
MARYL cuted with ompletely and 2 sho	1	FATHER'S NAME Emil	A Klotz		me t availabl	Le	EAST
e be exected an and co	3 160	WAS DECEASED EVER IN U.S. AR (YES, IN OR UNKNOWN) (IF YES, GIV		28 Andy C. And	derson 691	L S. Paris	Colo. 800 St.
GRDS, 201 W. PRESTON law requires that the death been signed by the attendir i. Then please remove carbo rinor to burial, cremation, or s any injurry, or other traum	TION		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEAT	, Senile has	INAL DISEASE OR CON	DITION GIVEN IN PART	
VITAL REC	CERTIFICATION	194 DATE OF OPERATION	196. CONDITION FOR WHICH OPE		YES NO.	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	SES OF DEATH?
DIVISION OF VITAL RECORDS, ENDING PHYSICIAN: The law req r attending physician. R: After this certificate has been sig e as the burial-transit permit. Then ealth and Mental Hygiene prior to it is marked or Item 18 shows any in,	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DAY	19 211 LOCATION	RED (ENTER NATURE OF INJUI		STATE
HOSPITAL ON ATTEN inted by the hospital or e FUNERAL DIRECTOR uld be detached for use and the State Dept. of Head of the State Dept. of Head State Dept.	/	22a.1 certify that (1) (this hospi saw the deceased alive an	at) view the body after death.	27e ADDRESS	MEDICAL STANDIRECTOR PHYSIC	FF Zian Zian DA	127/44
Add Bb To To To Shoot Shout Shoot Sh		BURIAL, CREMATION, REMOVAL Cremation		e of CEMETERY OR CREMATORY tin & Ferris	234 LOCATION West Che	ester, Ches	ster, Pa.
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR	Jones Manuferd		E REC'D. BY REGISTRAR	Julia Davidson	

California | description | description | description | Jelaware New Jostle Memork to the term of Arouse 719 Injure st. Alton, 14. 21 221 Orenetted 7/27, 1-29 Oratin a Jorda Mary Diester, Chember, Sal. Make T. Done Dance & Dil & 188 finder Police

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FOR - STATE REGISTRAR

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AIDDLE	Į,	AST		2a. DATE O	F DEATH	HTMOM	DAY	YE AR	2b. HO	JR
L A	ANDERS	SON		July	12,	1984			7:4	0p
e	5. DATE O		1903	6. AGE (IN	YEARS LAST	BIRTHDAY}	MONTH	DER I YEAR	IF UNDE	R 24 HRS. MIN.
WHAT COUNTRY?	8	NEVER		9 BALTIMO	Cec:	OR COUN		DEATH		MI
OSPITAL, NURSING H FACILITY, GIVE STREET A Center	DDRESS)			12a USUAL (TYPE OF WOR Phys		TOF WORKING	G LIFE) IN	L KIND CONDUSTRY		ESS OF
GIVE RESIDENCE BEFORE. 13c. CITY OR TOWN McLean		13d. INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS	ZIP CO	DDE	Rd . /2	2210	A. A.
Anderson		15 MOTHER	S MAIDEN N FIRST arie	AME	MIDDLE			Hans		
166. SOCIAL SECUR	RITY NO.	17 INFORMA	INI		ADD	RESS				
577-54-0	0746	Elea	nor P.	Anders	son,	Same	add	ress	as 7	归3。
line for (a), (b), and Bronchopr	neumor	nia, lo	wer lo	be, le	ft l	ung		BETWEEN	IMATE INTE ONSET ANI	RVAL D DE ATH
AS A CONSEQUE	NCE OF	nestion	of l	inas						

DECEASED NAME FIRST TYPE OR PRINTS OTIS 3. SEX 4 RACE Male Whit TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF COUNTRY Nebraska USA 10 CITY OR TOWN OF DEATH NAME OF I (IF NOT IN SUC Perryville A Medic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE filled ould b Virginia Fairfax 2 sh 14. FATHER'S NAME MIDDLE puo Nels Pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) WW II 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)____ DUE TO, OF Edella and congestion of rungs Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? be YES X NO YES | NO | 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED Ö 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM ETC 1 STREET WHILE NOT WHILE 6-25-84 7-12 220 | certify that X (this haspital) attended the deceased from 84 saw the deceased alive a above, (* (we) (did) (di ond that in () (our) apinion death occurred on the date and have and from the causes stated t) view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 7-13-84 be deto DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b VA Medical Center, Perry Point, Md. VIJAY NELLORE, M.D. 7/15/84 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation STATE Cedar Hill Crematory Suitland, Maryland

0 BP. DHMH 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR 5130 Wisconsin Ave., N.W.

Joseph Gawler & Sons Funeral Home, Washington,

Total Art II Art

FOR - STATE

14. FUNERALD

DHMH - 16 50M 4/82

(VRA 15, 4)

Rough Funeral Homes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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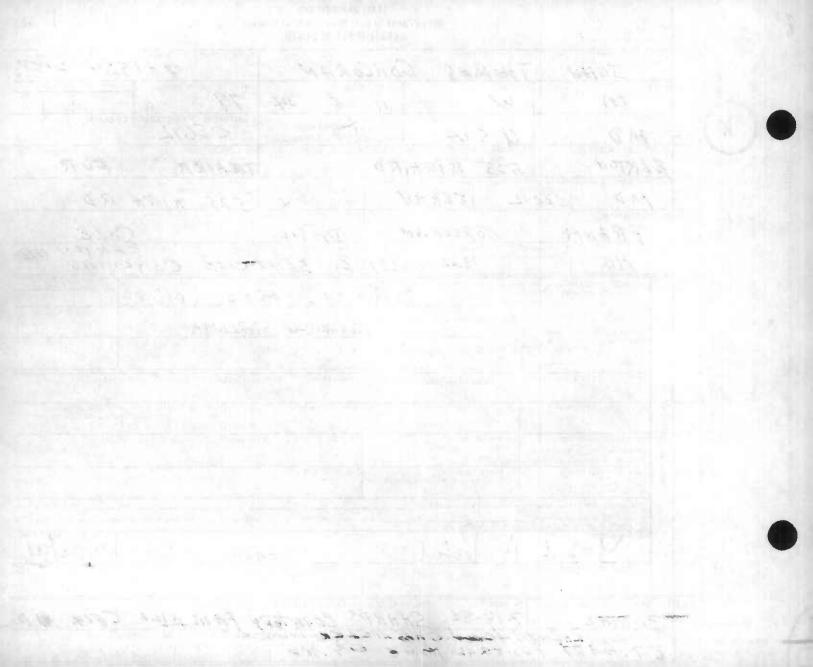
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1		STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CERTIFIC	CATE OF DE	ATH DEC	G. NO.		
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田 名に 文集	3. SE)	4 R		DATE OF BIRTH	6. AGE (IN Y	ARS IF UNDER 1 YR.	IF UNDER 24 HRS	PRONOUNCED	HTMOM	DAY YEAR	12:22
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EATH PAN	1	Joseph				1	Alma E.	Krauss			
TIMORE, MD FTER DEATH. F PAGES 1, 2 F FORM PM 3 FES 1 AMD2.	16a. V	VAS DECEASED EV	ER IN U.S. ARME	FORCES?	16b. SOCIAL SECURI				RESemith	bridge	DA.
BALTIMORE, MD. S. AFTER DEATH. IF GINE PAGES 1, 2, ITH FORM PM 3, PAGES 1 ANIAZ SI VISION OF WITAL	- IA	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	211 20 0	102 7	D				
URS AF URS AF WITH DIVISION DIVISION		No			211-28-0	192 Fran	ices Bei	rger, Che	ster E		
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STATINGORE, MARYLAND, 2		(TYPE OR PRINT)				THE OWNER OF			co., 110	. 21201	
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De Martinet Cont		UNERAL DIRECTOR						SY REGISTRAR 25h	REGISTRAR'S S	IGNATURE	
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	1.	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	GIENE O F	1 9 0 1
death death		CEASED NAME FIRST	THOMAS C	ORCORAN	7	MONTH DAY YEAR 26. HC 2 .
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ond 2		FRANK	CORCORAM	15 MOTHER'S MAIDEN N. FIRST PASCE	WIDDLE	Golf.
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nding corbor , or rei		IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF ALLIANS A		
by the attendin use remove corb , cremation, or other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUE	NCE OF ADVANCED	SAKCOTA	9171.
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te hos beer giene prior shows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
ter this certificate is the buriol-transit tond Mentol Hygier rked or, Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART) OR PART 2)
fter this os the burth ond Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI	211 LOCATION STREET	CITY OR TOV	NN COUNTY
RECTOR: All		saw the deceased alive on above, (1) (we) (did) (did nat	ol) attended the deceased from		to, to	, 19, that (I) the and hour and fram the causes s
		22b. SIGNATURE	. A. Valel		MEDICAL STAF	
TO FUNERAL DI should be detoct with the Stote Do		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS		
P		BURIAL, CREMATION, REMOVAL	236. DATE 236 N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	ILI. CEEL
- 16 50M 4/82	24.F	INERAL DIRECTOR COLOR	1) fear che	SAPERER BOOK	TE REC'D, BY REGISTRAR	THE REGISTRAR'S SIGNATURE
(RA 15, 4)	6	C. POTRI P	UNERAL HOM	E 17 30 2	TUBE Stellar	widow Bondello 1

STATE OF MARYLAND



Tarring Funeral Home, Aberdeen, MD 21001-3398

DHMH - 16 50M 4/83

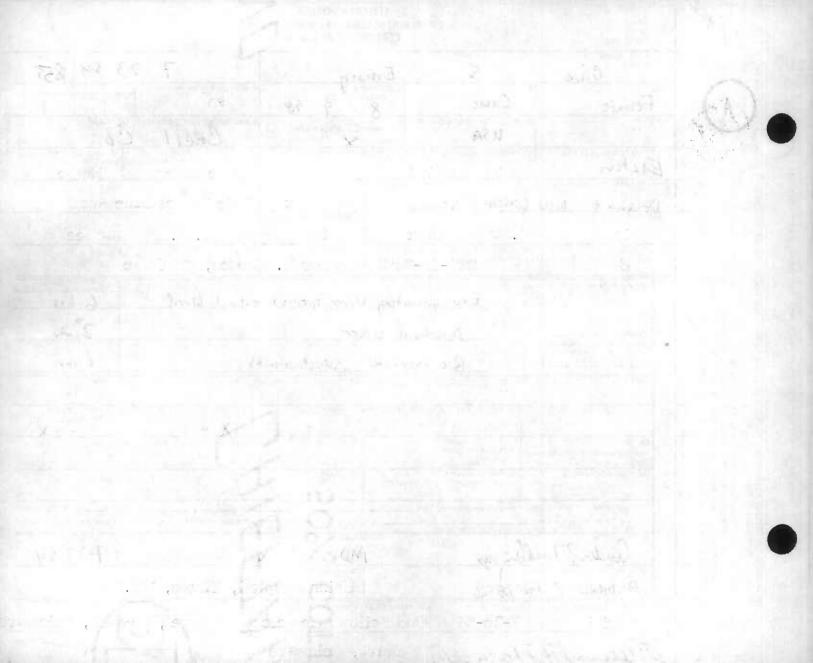
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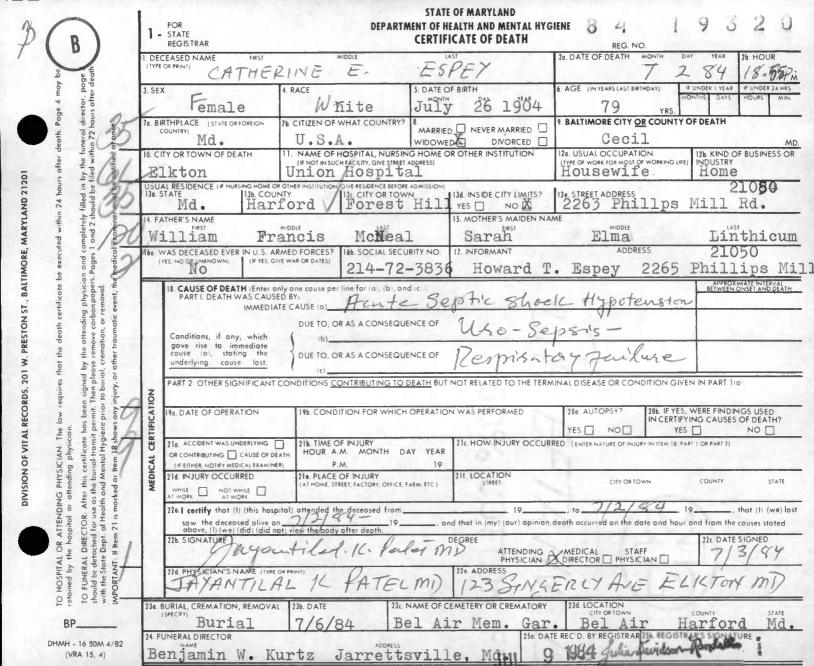
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	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE A. REG. NO	‡	j /
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4 6	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120. USUAL OCCUPATION		DF BUSINESS OR
11 1	USU	AL RESIDENCE (IF NURSING HOME OF	LAURELWOOL		HOMEMAKER		
33 (30)	13a. S	TATE 136. COU	NTY 13c. CITY OR		130. STREET ADDRESS	ishivaton S	21078
12 /800	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	Shirt Sterr	36 .220.0
11/1/	1.	ILLIAM +	HOWARD GO	RRELL FAUNTE	WIDDLE	WORTHI	NOTAL)
37		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT	ADDRE	SS	m
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os been signed by the coperat by the coperat. Then please remain ma prior to burial, cremal we any injury, or other th	CERTIFICATION	gave rise to immediate cause a , stating the underlying cause last. PART 2 OTHER SIGNIFICANT Its DATE OF OPERATION		GEQUENCE OF A SALT	200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES	NGS USED S OF DEATH?
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28	4	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
and Me	MEDIC	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211. LOCATION	CITY OF TO	WN COUNTY	STATE
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outli be d		BSGUT CA	NOV, 40	721 MM GE	St, EUK	TOU MD 2	1921
E 4 3 3		URIAE CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
Р	_	INERAL DIRECTOR	6 JULY 1984	ANGEL HILL CEMETERY		ACE, HARFORD CO	
5 50M 4/B2 15, 4)	1	witchel Dun	es al Home ADD	MD. 21078	TUHA 8 A. M	widson-Randall	OKE

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Ĕ	o b		3. SE			4 RACE		5. DATE C	DAY YEAR		MONTHS OA	
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	- 16 50M 4/ /RA 15, 4)	/83	T	ARRÎNG FUN	ERAL	HOME, A	BERDZEN,	MD 21	001-3399		- Samuel Code	

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Patterson & Son.

DHMH - 16 50M 4/83

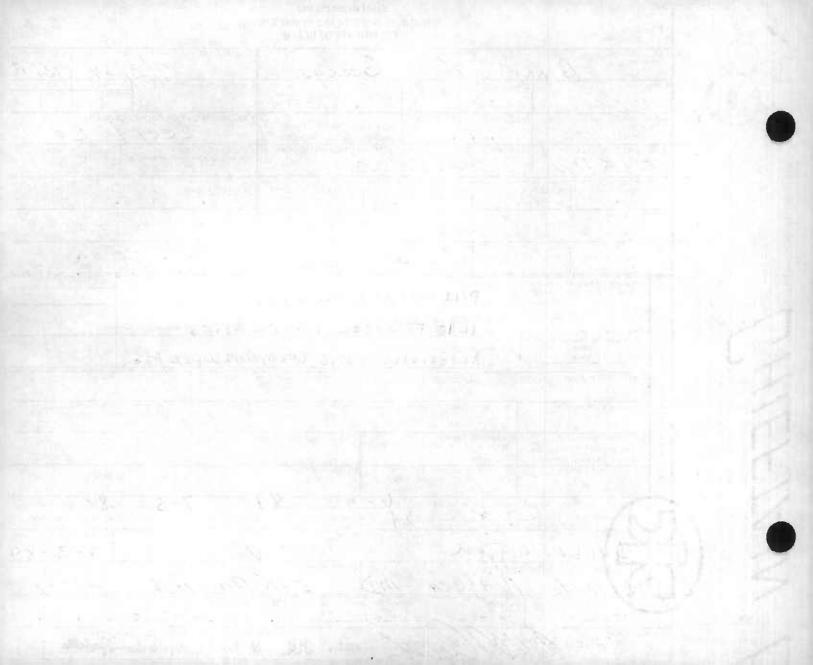
(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) July 2, 1984 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS / ZIP CODE 21017 LAST Warren Perryville, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 22c DATE SIGNED 7-2-84 DIRECTOR PHYSICIAN V VA Medical Center, Perry Point, Md. July 5,1984 Quantico Nat'l Cem. Prince William Buria Quantico 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson-Randell Perryville, Md.

STATE OF MARYLAND

12:12pm

(VRA 15, 4)



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BALTIMORE	AFTE NE P. H FO SION	16a. V (Y	VAS DECEASED EVI ES, NO, OR UNKNOWN) NO	ER IN U.S. ARMED F	ORCES?	217-05-636	NO. 17. INFORMANT	e G.Elli	Sister	Per:	ryville,	Rd.
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LAYTONSVILLE, MD. 20879

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

FRANCIS H. BARBER

DHMH - 16 50M 4/83

(VRA-15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

17h, KIND OF BUSINESS OF

Real Estate

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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IF UNDER 1 YEAR

IF UNDER 24 HR

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5	1.	FOR STATE REGISTRAR			DEPARTA	STATE OF MAR MENT OF HEALTH AN CERTIFICATE O	ID MENTAL HY		. NO.	9 3	2 5
		CEASED NAME E OR PRINT) Jam		Han	MIDDLE	Hammond		July	2,	1984	7: 304 M
(T)	4	ale		White		Apontal 4,	1934	6. AGE (IN YEARS LAST	(SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
menth. Po		IRTHPLACE (STATEORF		U.S.A	WHAT COUNTRY?	MARRIED NEVI	ER MARRIED DIVORCED	9 BALTIMORE CIT (ecil (y <u>or</u> count ounty		MD.
4 4 9	10.0	Elkton	THE	1. NAME OF	HOSPITAL, NURSIN CH FACULTY, GIVE SPREET, N. 1100 PLEO	G HOME OR OTHER I	NSTITUTION	TYPE OF WORK FOR MO	ST OF WORKING L	HEEL INDUSTRYT	F BUSINESS OR elephone
24 hour	130/	ALRESIDENCE (# NURS STATE aryland	136 COUNT	THER INSTITUTION	13t. CITY OR TOW	ADMISSION) N 134. INMO	E CITY LIMITS?	13e. STREET ADDRE	38 Noru	mira Ave	21701
of within	714.7	William	Hert	Pert	Hammond		athryn			Jame	
Pages 1	160	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	215-30-3	17. INFOR		O. Hammond	108 No	ormira A	ve.Elkto
tow requires that the death is been signed by the ortending the please remove can prior to be until , cremation, as any injury, or other traumatin.	ICATION	Conditions, if any, gave rise to into course (a), statin underlying cause PART 2 OTHER SIGN 19s DATE OF OPERAL	lost WIFICANT CO	DUE TO, C			1.	MINAL DISEASE OR C	20b. IF YE	IVEN IN PART 10	IGS USED
bNG PHYSICIAN. The rathering physician whice certificate bo can the haziled fromist go with ond Mental Hygiera orked or them 18 shows	MEDICAL CERTIF	TIS. ACCIDENT WAS UND OR CONTRIBUTING CC (IF ERINER, NOTE) WELK 214. INJURY OCCURS WHILE CONTRIBUTION	AUSE OF DEATH	21e PLACE	DF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19 211 LOC/		YES NO	3	PART 1 OR PART 2)	NO _
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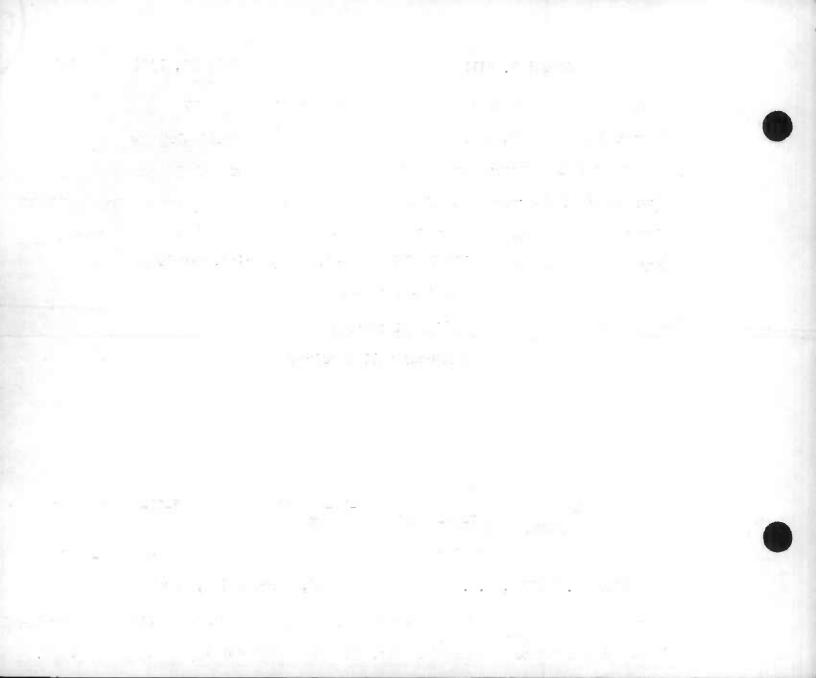
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20	1.	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG.	NO.	
G Realist		PECEASED NAME PIR ON PRINT)	ce	B.	Hanson	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26, HOU	R
ON STREET	3. SE	Male Whi	te Jan. 16,			MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d. HOU 9 2d. 1125	-
WINESAN VALUE	· ·	SIRTHPLACE (STATE OR ORDIGIN COUNTRY)	U. S. 1	4. v	Married 🖰 never mare vidowed 🗆 — divor	CECI Cecil	County of DEATH	ID.
ELAY IS TO THE F PAGE SS 2011	1	Jorth East	BY IN SUC	SPITAL, NURSING HOME, CACHITY, GIVE STREET ADDRESS	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1) FOR MOST OF WORKINGALIFE)	TYPE OF WORK 126 KUID OF BUSINESS OR INDUSTRY	
21201 F ANY D RETAIN HOULD	130	AL RESIDENCE (IF IN NURSING I STATE 13b. C	ome or other institution, G OUNTY eulastle	RESIDENCE BEFORE ADMISSION) 1387 CITY OR TOWN WILLIAMS	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Pine	e Hurst Fairway Fa	アレ
MD. TH. TH. TH. TH. TH. TH. TH. TH. TH. TH	14	ATHER'S NAME	WIDDLE	Hanson	15. MOTHER'S MAID Olive	EN NAME MIDDLE	Kingzette	
JRS AFTER DEA B. G. OF PAGES WITH FORM P. T. PAGES 1 AN DIVISION OF	160.	WAS DECEASED EVER IN U.S YES, NO, OR UNKNOWN) (IF YES	ARMED FORCES?	221-14-0401		Hanson5301 E.	ss PinhurstFairway	
LI RECORDS, 201 W. PRESTON ST. ULD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM RE EF MEDICAL EXAMINET FERMI SED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE. AL, CREMATION, OR REMOVAL.	z	Conditions, if any, v gave rise to imme cause (a) stating the <u>u</u> lying cause lost.	chich (b) (b) DUE TO, OR (c) (c)	AS A CONSEQUENCE OF	OISEASE OR CONDITION GIVEN IN P	ART I (a):	US, W JAPPROXIMASE MITERVAL	_
S CERTIFICATE SHOULD BE EXECREDS, STRIFFICATE SHOULD BE EXECREDING. THE WORD "PENDING." PROBED TO THE CHIEF MEDICAL. ET 3 SHOULD BE USED AS A BUILT EDPARTMENT OF HEALTH AN 101 PRIORTO BURIAL, CREMATING.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?	-
CETIFICATE SHOUL TING THE WORD "P S SHOULD BE USED DEPARTMENT OF HI I PRIORTO BURIAL,		CONTRIBUTING CAUSE	OF DEATH P.A	A. MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
DIVISI THIS CERT WARDED VAGE 3 SH TATE DEP	MEDICAL	WHILE NOT WHILE AT WORK	2 le PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
MEDICAL EXAMINER: T CULT THE CRETICATE, SE 4 SHOULD BE FORM FUNESAL DIRECTOR: P ER DEATH WITH THE ST TIMORE MARYLAND.	4	22a. I certify that I took	charge of the remains de Natural causes (X).	scribed abave, held an Accident , Suicio	Autopsy , Inspectic le , Homicide , IVLE (SPECIFY) M.D. Deput	Undetermined manner MEDICAL EXAMINER HOSPITAL	DATE 7-2-84 Elkton MD 2192	
BP	L	BURIAL CREMATION, REMOV (SPECIFY) remation	July 3, 19	130. NAME OF CEME 184 Hockessin 259 E- M	TERY OR CREMATORY AND 1286. DATE	23d LOCATION CITYOR JOWN TO CREASIN	New COUNTY DELL	
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(VRA 15, 4)

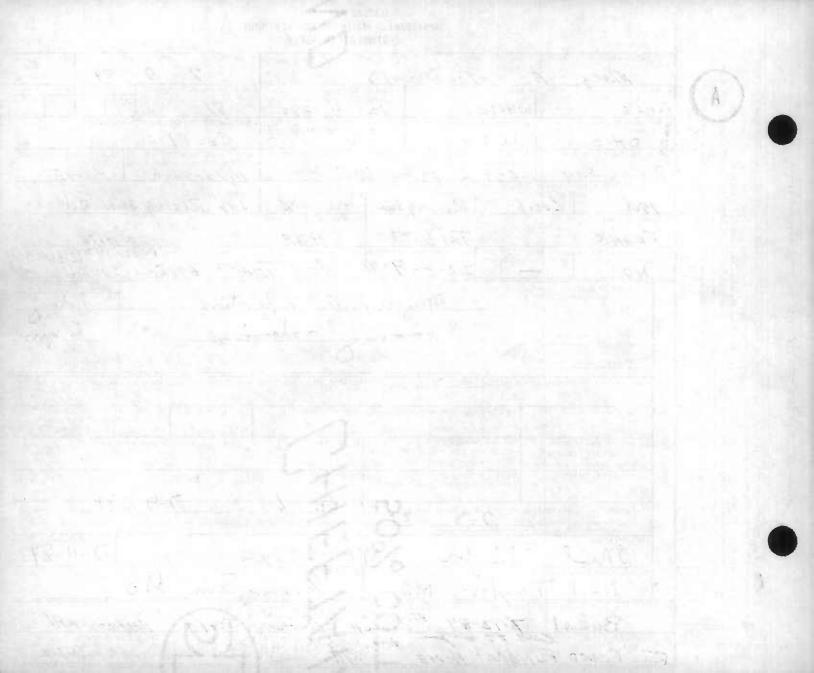
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o the co		CEASED NAME FIRST Samue	el T. Hill	l.	AST	July 22,	1984 YEAR 25 HOUR 9:30P
A A	3. SE	ale	White	5. DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY] IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAY'S HOURS MIN
23	- (RTHPLACE (STATE OR FOREIGN LOUNTRY) LTGINIA	76 CITIZEN OF WHAT COUP	MARRIEI WIDOWE	D NEVER MARRIED X	BALTIMORE CITY OR Cecil Co	COUNTY OF DEATH
Set of the state o		erry Point	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI Perry Poin	E STREET ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF General La	N 12b, KIND OF BUSINESS C WORKING LIFE) INDUSTRY
filled in sould be	13a. S	**	NTY 13t. CITY OF		YES NO X		ZIP CODE eham Road 2122
ond 2 sh exomine	s	amuel		i 111	15. MOTHER'S MAIDEN NAME Eva	Eula	Brett
Pages 1		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GI CS WW		0 6919	VAMC, Perry	Point, Mary	
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n signed by the atter Then please remave a to burial, cremation, njury, ar ather traum	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON SQUAL (c) SQUAL CONDITIONS CONTRIBUTION			IN AL DISEASE OR COND	ITION GIVEN IN PART 110
permit ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certificate prial-tronsi ental Hygi Item 18 sh		21a. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. (IF EITHER, NOTIFY MEDICAL EXAMINE	010	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PART 2)
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IRECTOR: A hed for use ept. of Heali frem 21 is mo		220.1 certify that (X (this hasp sow the deceased alive or above, (1) (web. (did X X (M)) 22b. SIGNATURE		_19_ 84 , or	5=18= , 1984 Id that in XXXaur) opinion of DEGREE		19.84 , that X (we) live and hour and from the causes stated
should be detoo with the State D IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE)			22e ADDRESS	MEDICAL STAF	AN X 17-22-84
1 2 t 0	-	DILIP S. KI		Tan Name of the		y Point, Mar	ryland
Or de M	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY Urial	7/25/84		son Forest	Owings	Mills Maryla



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	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		19	3 3 0
n-	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YE	EAR 26 HOUR
(.)	3. SEX	MARY A	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		M I YEAR IF UNDER 24 HRS.
A)	_	MALE	WHITE	MONTH DAY YEAR 12 4 1892	41	MONTHS	DAYS HOURS MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEA	тн
27 a 72	(OHIO	USA	WIDOWED DIVORCED	CECII	/	MD.
Hed	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION OF WORK FOR MOST OF		IND OF BUSINESS OR
6	USUL	AL RESIDENCE OF NURSING HOME OF	674 RISING	FADMISSIONI	HOMEPARK	ER M	onse
306	13a. S	STATE / 13b COUN	NTY 13c. CITY OR TOW	IN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Law Sull	911
Se T	14. FA	MCL. CEL		15. MOTHER'S MAIDEN N		my san	RG.
(B)		FRANK	MIDDLE TALAST	TT ADA	MIDDLE	NHI	LAST
edicol expm		VAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANT	ADDRE	SS POBOX 19	72 1775105541
medi:	(YES, NO OR UNKNOWN) (1F YES, GIV	- ZiZ - 88	9136 ANNE	THARP 679	Rising Sy	NRch. ME
the contract of		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), on	id (c).)		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	m Juliano	Carotion		1 day
otic	-		DUE TO, OR AS A CONSEQU	ENCE OF	J 1		60
20	-	Conditions, if any, which	(p) CO	many och	Non		2 ms.
E C		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		6-4	
5			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PAAIN AT DISEASE OF CON	DITION CIVEN IN B	APT 1/-
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	JII ON GIVEN WAFA	ART 110
6	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
Z	I I	Company of the control of the contro			YES NO	YES	NO [
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E	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19			
ed or	AED I	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn coun	NTY STATE
2	1	AT WORK NOT WHILE AT WORK			7	9 94	Y -
5			ital) attended the deceased from	X 4	<u>O</u> , to	19. 67	, that (1) (we) last
7 0			ot) view the body ofter death.	, and that in (my) (our) opinio	n death accurred on the do		
±		226. SIGNATURE	001.	DEGREE ATTENDING	MEDICAL STAT	-	DATE SIGNED
		Ullul	aylor	IV/V/ PHYSICIAN	DIRECTOR PHYSIC		1-11-07
ATA		77d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	5	MA	
IMPORTANT /			axlor M		na Jun	7-10	
		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	A ATATE
	24 FI	UNERAL DIRECTOR	10-16-87 W	CHURCH CEMETER	ATE REC'D. BY REGISTRAR	25h, REGISTRAR'S SI	GNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TE MONTH 76 HOLIR (TYPE OR PRINT) ESTI-Irvin Winlield Martindale DEATH MATED 7/24/849 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 21. HOUR 2: 25 DATE LAST BIRTHDAY) DAY PRONOUNCED DEAD 7/24/84 19 Thale O YRS BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Cecil County CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Rot. Bookkeepen Perry Point Veterans Administration Med. Cen. 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | Penny Point VA Hospital 130 STATE Penny Point nanulana 15. MOTHER'S MAIDEN NAME Many Alan 17. INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 6246 Beechwood Drive, Hanny Mantindale Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION USED / 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOK OF DEATH 7/24/84 subject drowned 218 PLACE OF INJURY (ATHOME. 21f. LOCATION AGE 3 SI 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK Susquehanna River, Perry Point, Cecil, Md. river PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BARLIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Undetermined monner death resulted fram: Noturol could Accident Suicide Homicide TITLE (SPECIFY) ACTUAL 7/25/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kuaffman, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION REMOVAL 23b DATE emeteru rowasville BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. ADBaltimore. **DHMH - 17** (VR A15 ME (5) ully tuneral Homes Patapsco Ave. 20M 4/82

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ORE, MD DEATH, DEATH, ORANDA ORANDA	M. MAC DECEAS	ward	WIDDLE	Newman		15. MOTHE E 1 17. INFORM	R'S MAIDENN SIE	AME MI	ADDRESS	Неа	th	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD S, CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER LEATH RRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1 RDED TO THE CHIEF AKEDICAL EXAMINER ALONG WITH FORM PASS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES AND 23 EPERARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE BURIAL CREMATION, OR REMOVAL.	Candit gave couse (lying c	ions, if any, which rise to immediate o) stating the <u>under-</u> ause last.	DUE TO, OR .	AS A CONSEQUENC	E OF	E OR CONDITION	GIVEN IN PART T (c	n).				
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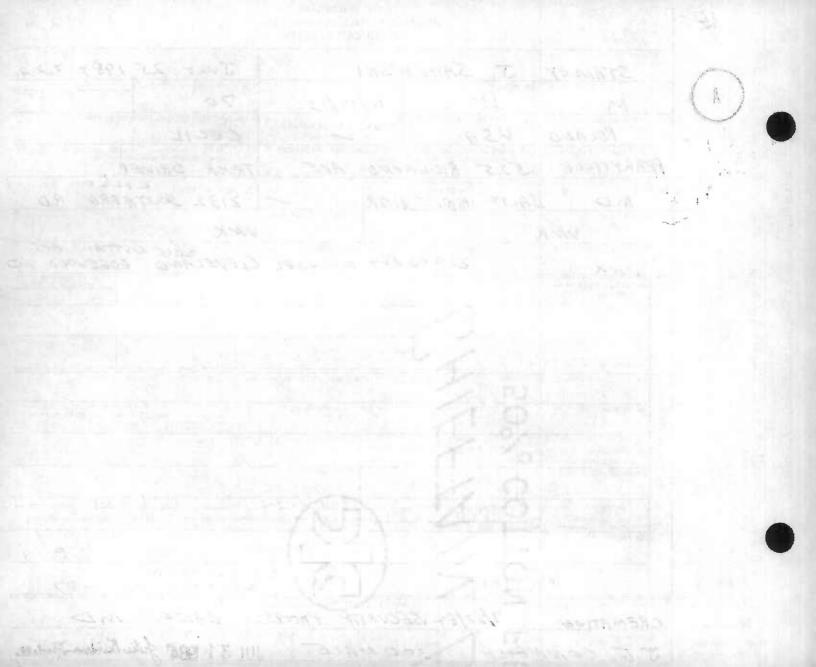
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	e P	3 SE	× 4.8	ACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	(1) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hou illed in old be must be	130	AL RESPENCE (IF NURSING HOME OR OTHER 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE,	ADMISSION)	13e STREET ADDRESS	ne tun 1983
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RE, M.	5 0-	16a. \	VAS DECEASED EVER IN U.S. ARMEI YES, NO ORUNKNOWN) (1F YES, GIVE WA	FORCES? 166 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRESS	Pierca
LTIMO	S. P.		No	221-38-	1382 Chart - 1	telen E Mu	iore
5T., BA	certificate ing physici rbonpaper r removal.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B) IMMEDIATE C		nchodnymonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CORDS	하 등 기 등	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHICH C	DPERATION WAS PERFORMED	20a AUTOPSŸ? 20	b. IF YES, WERE FINDINGS USED
AL RE	The low recion. The hos beer is permit. giene prior	RTIFIC				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
OF VII	PHYSICIAN: The ending physicic this certificate be buriol-transit and Memorial Sygiet dor free, 18 \$500.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
ISION	d d a d b d	MEDICAL	21d INJURY OCCURRED WHILE TO NOT WHILE TO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STATE
á	or o	100	22a-I certify that (I) (this haspital)	ottended the deceased from	3-15 1980		, 19 8 4 , that (I) (we) lost
	OR ATTENE he hospital to DIRECTOR: roched for us bopt, of Her if Item 21 is or		sow the deceosed alive an abave, (I) (we) (did) (did nat) vi 22b. SIGNATURE		DEGREE	death occurred an the date o	and haur and fram the couses stated
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	0 0 0 + 0		22d, PHYSICIAN'S NAME (POR OR PRI	Cylor Jr.	MO Rising	Sun. M.	anyland
	PP	23a. E	BURIAL, CREMATION, REMOVAL 2 SPECIFY) Burial		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Wilmington	New Castle, Del.
	DHMH - 16 50M 1/76	24. FI	JNERAL DIRECTO	1. he - 11. 12	Wilm., 25a DA	TE REC'D, BY REGISTR AR 256.	REGISTRAR'S SIGNATURE
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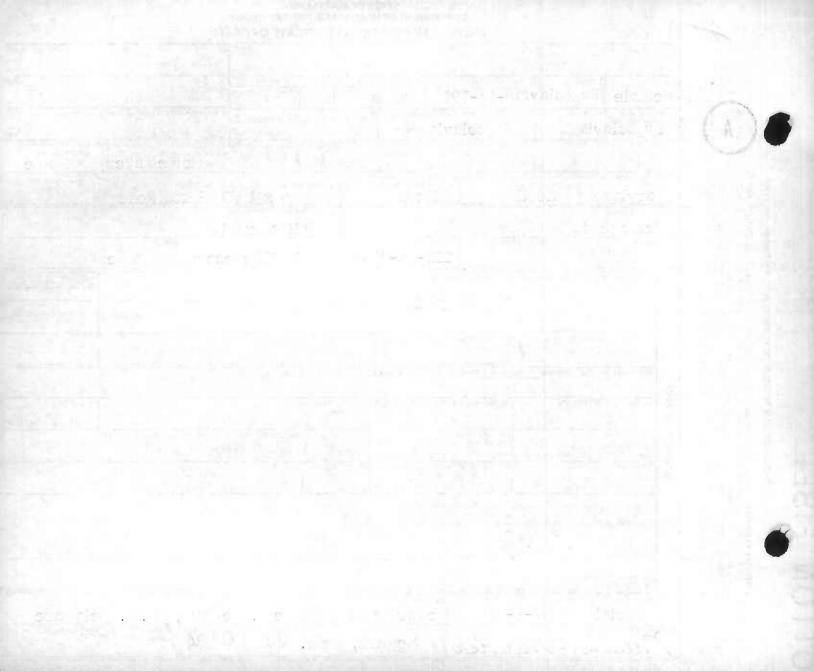
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deorth		CEASED NAME OR PRINT)	Lind	da Sue Rob			BERTS	2a. DATE OF DEATH	7 128	4 9:05A
ge 4 may ector, po rs ofter d	3. SE	Female	4	White			F 8IRTH DAY 1952	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE MONTHS DA		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
nerol dir n 72 hou		RTHPLACE (STATE ORF		b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEA	ATH ME
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on and co		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	214-76-4		Mrs. Gladys	Roberts, El	Lkton. Md.	21921 APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
uires that the death signed by the attend nen please remove ca o buriol, cremation, so jury, or ather traumo	z	Canditians, if ony, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	nediate g the last.	(b)	IR AS A CONSEQUE	Pors ENCE OF	NOT RELATED TO THE TER	efector's		ART 1(a
iction. The low requiction. The hos been a sit permit. It figiene prior it shows ony in it.	CERTIFICATION	19a. DATE OF OPERAT	10N 4-	196 COND		OPERATIO Van	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
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ENDING P tol or offer OR: After t r use os the Health and	×	22a.l certify that (I)	(this hospite	all attended th	ne deceased from		, 19	to 7//2	187 19	, that (I) (we) las
ral OR ATT y the hospit Ral DIRECTO detoched fo ore Dept of VI. If Item 21		abave, (1) (we) (c 22b. SIGNATIURE	lid) (did not)	view the body	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	220.	DATE SIGNED 7/13/84
TO HOSPITAL reformed by 11 TO FUNERAL should be det with the State IMPORTANT;		5ATAI	VTIL.	AL IC	PATEL	MI	123 Singe		Elicton	mD-
BP		Burial, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 7-16-8			EMETERY OR CREMATORY Cemetery	city or town	country Ceci	1. Marylan
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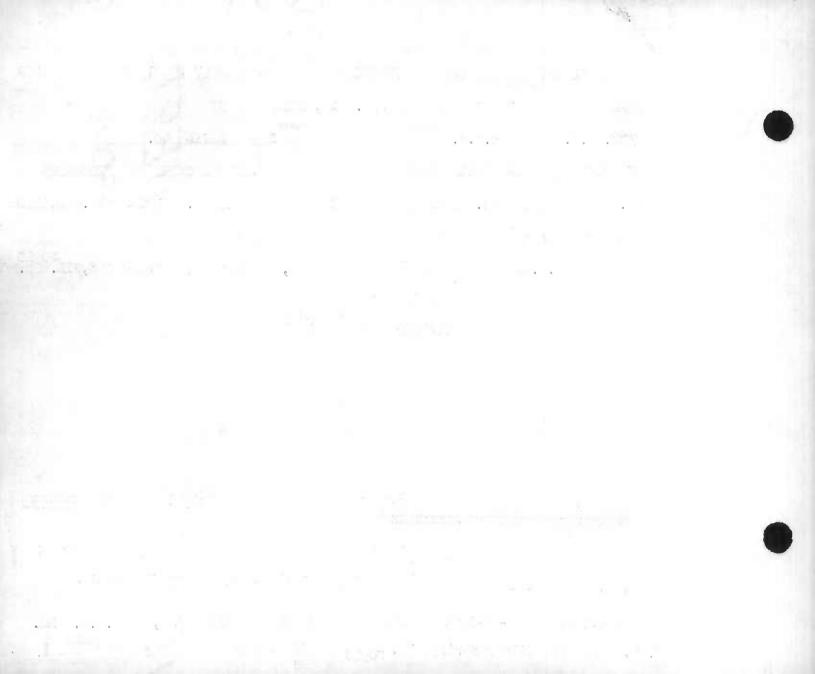
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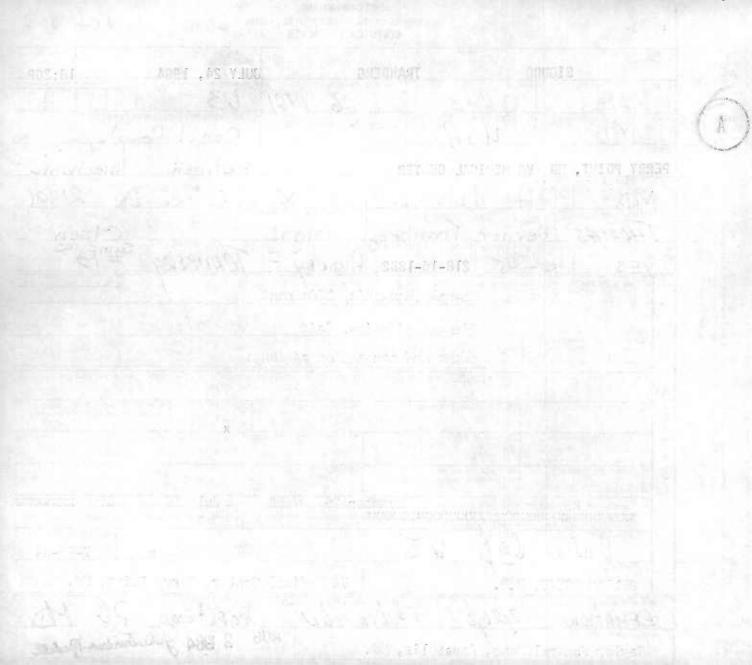


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. ŚE		5. DATE OF BIRTH	(EAR LAST BIRTHDAY) MONT		RS. 2c. DATE PRONOUNCED	MONTH DAY	YEAR 212	204R
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/a. E	greigh country) Y ugoslavia	Yugoslav	MARR		-	_	DEATH	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME, OR OTH	HER INSTITUTION 120.	USUAL OCCUPATION	TYPE OF WORK 12b KI	ND OF BUSINE	MD ESS
	Elkton		; 50 yds. fro	m 1657 Elktor	FOR MOST OF WORKING LIFE) Rd. Homes	maker	Home	9
0 3	AL RESIDENCE (IF IN NURSING HOME STATE TISB. COU	NTY I3c.	DENCE BEFORE ADMISSION) CITY OR TOWN Elkton	T3d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS	Road 21	921	
F	ATHER'S NAME Petar Brkic	WIDDIE	LAST	is. Mother's Maiden NA FIRST Julika Bra	AME MIDDLE		LAST	
6a. (WAS DECEASED EVER IN U.S., A YES, NO, ORUNKNOWN) (IF YES, GI		222-46-7634	Nikola Slije	pocevic	Same		
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ICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIBUTING CAUSE O	DEATH ? P.M.	7/5/8419 sub	ow INJURY OCCURRED IEN			YES NC	<i>-</i>
MEDICAL CERT	UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M. MO P DEATH PLACE OF IN STREET, FACTORY, F	7/5/8419 sub	ject hanged s	self city or lown	M 18 PART I OR PART 2)		STATE
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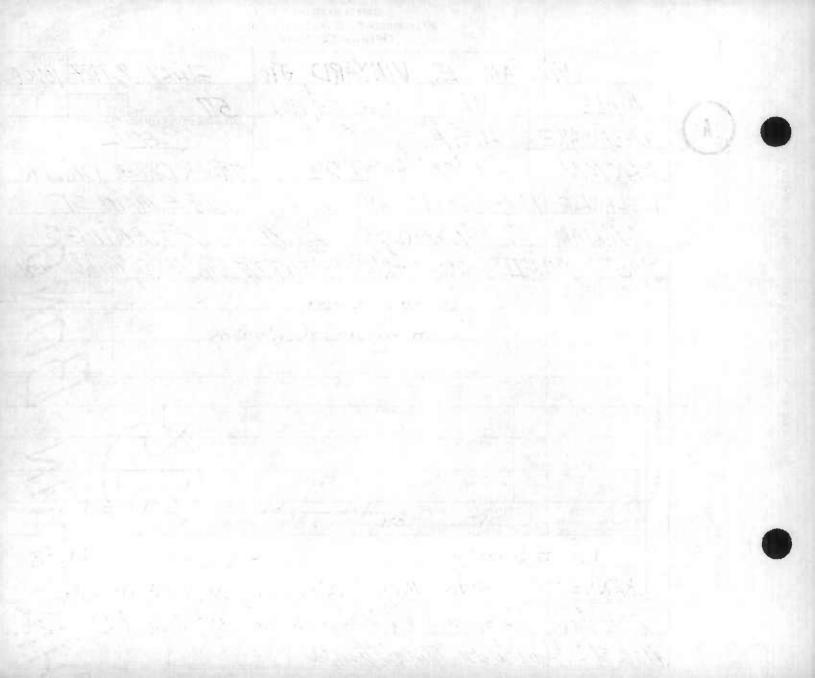




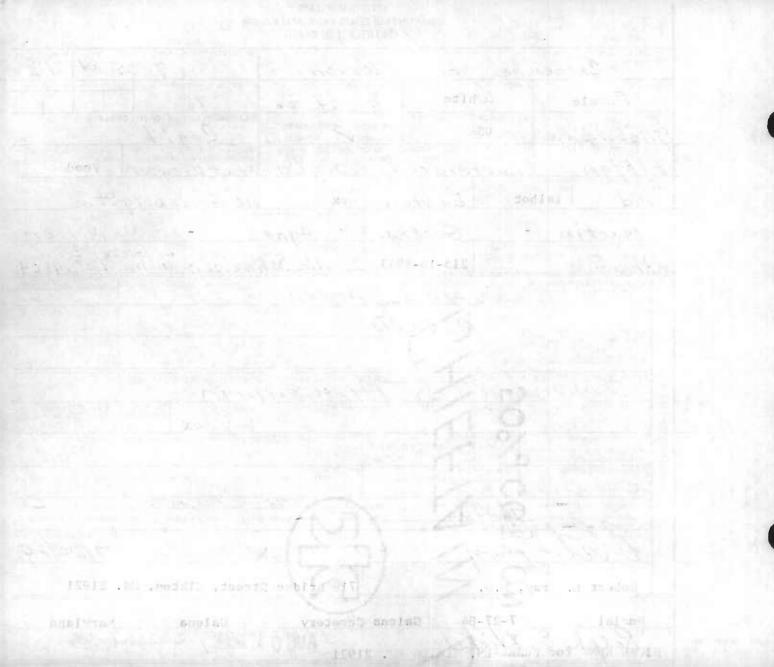
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ttor, offe	3. SE	Female		4 RACE	hite		E OF BIRTH DAY 4 29	YEAR 66	6. AGE IN YEA	70		DAYS HOUR	RS MIN.
orh. P.	70. BI	THPLACE (STATE OR COUNTRY)	Pa	76. CITIZEN OF		MAI	RIED NEVER	MARRIED	9. BALTIMORI	ecity or co	OUNTY OF DEAT	гн	MD.
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2 = 2 P	13a. S	AL RESIDENCE (IF NURS	136 COUNT A 11	OTHER INSTITUTION VTY POT		TOWN	13d INSIDE YES K	CITY LIMITS?	130 STREET AL	odress olds b	urg St	. 21	601
ond 2 sh	14. FA	Marti	n	MIDDLE 400	Gra	e ka	15. MOTHER	FIRST AGNE		MIDDLE	/	4 inst //	er
Poges I		VAS DECEASED EVER		MED FORCES?		SECURITY N 6-8963	Lucil	1/e Sel	weize	ADDRESS 40	Glove ilm. L	SE 19	1804
is that the death certificate ed by the ottending physic please remove carbonpape rial, cremation, or removal. or other traumatic event, the		Conditions, if any gove rise to im cause (o), statin underlying couse	, which nediate ig the last.	(b) _/ DUE TO, OI	RASA CONS	SEQUENCE C	:						
he low require on. hos been sign t permit. Then t ene priar to bu	CERTIFICATION	PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERA	70)	mel	170)	1 /	PS HON WAS PERF	tren.	20a AUTO) SY? 206.	IF YES, WERE F CERTIFYING CA YES	INDINGS U	SED EATH?
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TTENDING P pital ar after TOR: After tl far use as the af Health and 21 is marked	W	WHILE NOT WE AT WORK 220.1 certify that (1) sow the deceose above (1) (mg/fi	(htt) hospit	tal) atterded th	144		433	19.76		lun]		, that (I	I) (and lost
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		68.4	24 FI	UNERAL DIRECTOR	- Annaero	25g DAT	E REC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

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1	FO STA			DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.									
CTOR. FILES. HOURS TREET,		ASED NAME	Regi	2214	MIDDLE			Wood		20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	2h HOUR
	SEX		RACE White	5 DATE OF BIRTH MONTH DAY OCT. 25,	(NMI) YEAR 1917	6. AGE (IN YE. LAST BIRTHD.	ARS IF UN	DER 1 YR. IF UND	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 7	319 84 DAY YEAR 319 8	2d. HOUR 1:30E
3	FOREIC	HPLACE (STA		76. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 9. BALTIMORE CITY OR COUNTRY					- County,	Y OF DEATH	MD.		
00/	Elkton			11. NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 121 Elkside Road			i	THER INSTITUTION 170 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Compounder			TYPE OF WORK	Plasticiod	
	Mar Mar	y land	13h COUN	OR OTHER INSTITUTION, GI NTY C i 1	13c CITY	OR TOWN	ON)	13d INSIDE CITY LIMITS YES NO	13e STR	21 Elkside	e Road	2192	21
U	FATHER'S NAME FIRST A 1 ONZO 160. WAS DECEASED EVER IN U.S. AI (YES, NO, OR UNKNOWN) NO			MED FORCES?	Wood 166. SOCIAL SECURITY NO.		15. MOTHER'S MAIDEN NAME FIRST Elsie 17. INFORMANT		MIDDLE	-		Roberts	
				WAR OR DATES)	218-	218-01-9495A		Mrs. Mary B. Wood, Elkton, M				1d. 21921	
BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			NIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELA		INAL OISEASI		N PART 1 (a),				
8	TIFIC	DATE OF C		196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	NO 🗆		
	3	NDERLYING	G CAUSE OF	_	- MONTH	DAY YEAR	34 S	ow INJURY OCCUI elf infli		NATURE OF INJURY IN ITEM	18 PART 1 OR PAI	RT 2)	
		VHILE		STREET, FAC	ORY, FARM, ET		12	TREET 1 Elkside	Rd.	Elkton		Cecil	Md.
RE, MARYLAND	A	270 Certify that Lock charge of the remains described above, held an Autopsy XI. Inspection I., Inquiry I., and in my apinian death resulted frage: Noneral couses Accident I., Spicide XI., Hamicide I., Undetermined manner I., ACTUAL SIGNATURE M.D. DATE SIGNED 7/4/84											
W A	(T	(AMINER'S N YPE OR PRIN	T)	Thomas I		th, M.		ADDRESS11		n St. Bal	to., M	1D.	
	BIA FUN	urial	76	7-7-84 Je Giogness FUNERALS	Im			oncention	Como	cation or ther cher registrar 256 Re 4 Julia Davi	TY Hil GISTRAR'S S	1 Md	TATE

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